

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-012170

FILED VS MAR 31 1960

STATE FILE NUMBER

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 89

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Appanoose	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moulton <i>81902</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WABASH HOSPITAL		d. STREET ADDRESS 312 W. 4th (If outside, give location)	
Length of stay in lb 4 dys		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HOLLIE Middle WILFORD Last WEST			4. DATE OF DEATH Month March Day 25 Year 1960		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/2/1890	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roundhouse Laborer, Ret'd	10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Co.	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME STERLING WEST	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GRACE WEST
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 702-05-3195	17. INFORMANT Merle J. West Address Elkville, Iowa
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Days (?) Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension		
DUE TO (c) Arteriosclerotic Heart Disease <i>4200</i>		Years(?) Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 9:21 Month Mar. Day 21 Year 1960 a.m. A. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MOULTON COUNTY IOWA STATE IOWA
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21. I attended the deceased from Mar. 21, 1960 to Mar. 25, 1960 and last saw ^{BEFORE} him ^{LIVE} alive on Mar. 24, 1960 Death occurred at 9:21 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE <i>[Signature]</i> (Deceased or title) R. McMURRY, M.D., Surgeon in Charge	22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	22c. DATE SIGNED 3/25/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE 3-28-60	23c. NAME OF CEMETERY OR CREMATORY SUNSETVIEW CEM-	23d. LOCATION (City, town, or country) (State) MOULTON IOWA
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24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS 416 E. Maple Centerville, Ia.	25. DATE RECD. BY LOCAL REG. 3-25-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

